

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. 09811566 FILING DATE 03-20-01

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51				
2		/					52				
3		/					53				
4		/					54				
5		/					55				
6		/					56				
7		/					57				
8	/						58				
9		/					59				
10		/					60				
11		/					61				
12		/					62				
13		/					63				
14		/					64				
15	/						65				
16	/						66				
17	/						67				
18		/					68				
19		/					69				
20	/						70				
21		/					71				
22		/					72				
23	/						73				
24		/					74				
25		/					75				
26	/						76				
27		/					77				
28		/					78				
29		/					79				
30	/						80				
31		/					81				
32		/					82				
33	/						83				
34	/						84				
35	/						85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	12						TOTAL IND.				
TOTAL DEP.	23						TOTAL DEP.				
TOTAL CLAIMS	35						TOTAL CLAIMS				

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS